

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM PTO-878)

SERIAL NO. **10/019287**

FILED DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1						
2						
3						
4						
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11						
12		3		3		
13		6		6		
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49						
50						
TOTAL IND.	7		9			
TOTAL DEP.	47		102			
TOTAL CLAIMS	54		111			

	1		2		3	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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97						
98						
99						
100						
TOTAL IND.			4			
TOTAL DEP.			34			
TOTAL CLAIMS			38			

* MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS